

GGU 24-10 #1

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: Jefferson Davis
Permit #: 0-600
Driller: Rayborn Drilling
Date drilling completed: 8/19/04

For Office Use Only:
Aquifer:
Well #: A-85 065
L. S. Elevation:
E-log #:

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information: D + D Drilling, P.O. Box 1634, Ferriday, LA 71334, Telephone No. 818 757-3274
Well Location: Latitude, Longitude, Method of Lat/Long, USGS quad, Distance, Direction, Nearest Town

Well Data: Purpose of Well (Rig Supply), Date well drilling started/completed (8/17/04/8/17/04), Static Water Level (85 feet), Method of Measurement (electric tape), Hole depth (180 feet), Type of grout (Cement), Casing length/diameter (160 feet/4 inches), Screen length/diameter (20 feet/4 inches), Type of completion (Gravel packed)

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Rayborn Drilling 0-600
Signature of Water Well Contractor: [Signature] 8-27-04

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If well telescopes please sketch below and show depths.

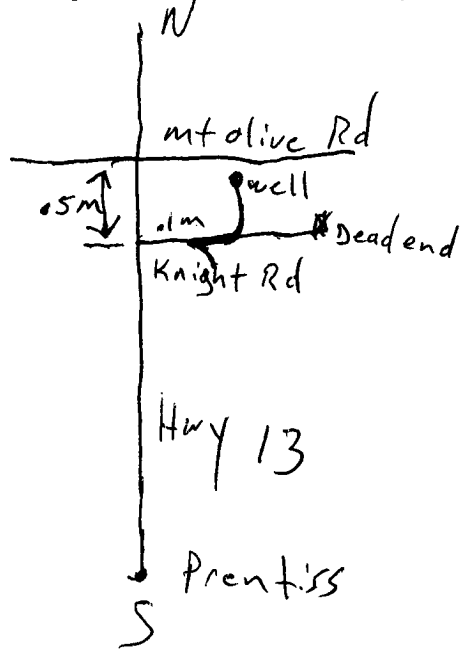
A-85

Ground Level

Description of Formations Encountered	From	To
Sand + Clay gravel	0	115
red sand	115	150
Coarse sand	150	180

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



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Landowner Name: \_\_\_\_\_

Rayborn Drilling  
Signature of Water Well Contractor

# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

**For Office Use Only:**

Aquifer: \_\_\_\_\_  
 Well #: A-85  
 Elevation: \_\_\_\_\_

County: Jefferson Davis  
 Permit #: 0-60  
 Driller: Rayborn Drilling  
 Date completed: 8/17/04

**This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.**

Well Owner Information	Well Location
Owner Name: <u>D+D Drilling</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>P.O. BOX</u>	Method of Lat/Long (circle one): Conventional Survey,
<u>Ferriday, LA 71334</u>	USGS quad, Hand-held GPS, Survey-grade GPS
City State Zip Code	_____ 1/4 _____ 1/4 Sec <u>24</u> Twn <u>9N</u> Rng <u>19W</u>
Telephone No. <u>818) 757-3274</u>	Distance Direction Nearest Town
	<u>2</u> Miles <u>SE</u> of <u>Gwinville</u>

Pump Type Circle one	Power Type Circle one
Air Lift Jet <input type="radio"/> <u>Submersible</u>	Diesel Engine Gasoline Engine Natural Gas
Bucket Piston <input type="radio"/> Turbine <input type="radio"/>	<u>Electric Motor</u> Hand Tractor PTO
Centrifugal Rotary <input type="radio"/> Flowing Well <input type="radio"/>	Windmill Other (specify): _____
Other (specify): _____	Horse Power Rating of Motor: <u>5</u>
Date Pump Installed: <u>8/10/04</u>	Setting Depth: <u>126</u> feet
Rated Pump Capacity: <u>60</u> Gallons Per Minute	Number of Stages: <u>14</u>

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: _____	Air Line <input type="radio"/> <u>Electric Measuring Line</u> <input type="radio"/> Steel Tape
Static Water Level (A): _____ Feet Below Land Surface	Other (specify): _____
Pumping Water Level (B): _____ Feet Below Land Surface	For flowing well, measured shut in head: _____ feet
Drawdown [(B) - (A)]: _____ Feet Below Land Surface	Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping
Test Pumping Rate: _____ Gallons Per Minute	
Duration of Pump Test (minimum 4 hours): _____ hours	

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 SEP 22 2004  
 BY: OLWR

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Rayborn Drilling 0-60  
 Print Name of Pump Installer and License No. (if applicable)

[Signature]  
 Signature of Pump Installer